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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09689653

CLAIMS AS FILED - PART (Column 1)					(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS								RATE	FEE		RATE	FEE
FO	R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS 19				us 20=	*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			A minus 3 =		*			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, ente					r "0" in c	column 2		TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - F					TII			•			OTHER	
<u> </u>		(Column 1) CLAIMS		(Colu		(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		. X\$ 9=	,	OR	X\$18=	
	Independent	*	Minus	***	T O1 A114	=		X40=		OR	X80=	
1 m	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ZENDEN	CLAIM		J	+135=		OR	+270=	
								TOTAL		OR	TOTAL ADDIT, FEE	
	(Column 1) (Column					(Column 3)		ADDIT. FEE			ADUII. PEE	
AMENDMENT B	· 	CLAIMS REMAINING AFTER AMENDMENT			HEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE
	Total	***	Minus	**		=	┇╏	X\$ 9=		OR	X\$18=	
	Independent	ALTATION OF M	Minus	***	F OL A 13.4	<u> -</u>	┨┃	X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM		┚┃	+135=	<u>.</u>	OR	+270=	
	•					,	TOTAL ADDIT. FEE	, j	OR	TOTAL ADDIT. FEE		
		(Column 1) (Column 2) (Column 3)										
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=]	X40=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT						┚┟	+135=				
	* * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=	
** If the entry in column 1 is less than the entry in column 2, write "U in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		ber Previously Pa					er fou	ind in the app	ropriate box	k in co	lumn 1.	